

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

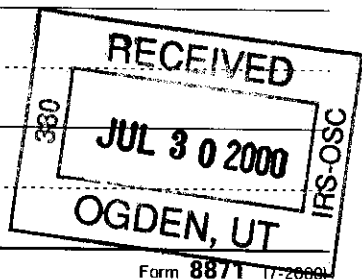
| | | |
|--|--|--|
| 1 Name of organization WAYNESBORO CITY SHERIFF'S OFFICE | | Employer identification number 54 0011673W |
| 2 Mailing address (P.O. Box or number, street, and room or suite number) 250 S WAYNE AVENUE City or town, state, and ZIP code WAYNESBORO VIRGINIA 22980 | | |
| 3 E-mail address of organization wilsonwh@ci.waynesboro.va.us | | |
| 4a Name of custodian of records JOE HARRIS | 4b Custodian's address 250 S WAYNE AVENUE WAYNESBORO VA 22980 | |
| 5a Name of contact person SAME AS ABOVE | 5b Contact person's address | |
| 6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code | | |

Part II Purpose

7 Describe the purpose of the organization
SERVE CIVIL PROCESS, PROVIDES COURTROOM SECURITY

Part III List of All Related Entities (see instructions)

| 8a Name of related entity | 8b Relationship | 8c Address |
|----------------------------------|------------------------|-------------------|
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| | | |
| | | |



9a Name

9b Title

9c Address

**Sign
Here**

Signature of authorized official

Date _____